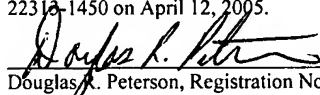


CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

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Douglas R. Peterson, Registration No. 53,458

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/611,371
Applicant : Jesse Flores
Filed : 6/30/2003
Art Unit : 3739
Examiner : Michael F. Peffley
Title : DUAL-PROFILE STEERABLE CATHETER

Docket No.: : HRT-64858
Customer No. : 24201

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Office action mailed January 13, 2005, the response for which is due April 13, 2005, please enter the following amendments and consider the remarks in connection with the above-identified pending patent application.

Specification starts on page 2.

Claims start on page 3.

Remarks start on page 7.



IFW

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/611,371	
	Filing Date	6/30/2003	
	First Named Inventor	Flores	
	Art Unit	3739	
	Examiner Name	Peffley	
Total Number of Pages in This Submission	10	Attorney Docket Number	HRT-64858

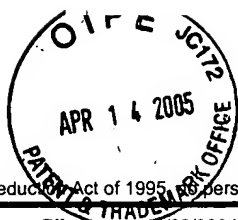
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Douglas R. Peterson
Signature	
Date	April 12, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Typed or printed name	Douglas R. Peterson		
Signature		Date	April 12, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Doc Code:



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R.		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2>		Application Number	10/611,371
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	6/30/2003
		First Named Inventor	Flores
		Examiner Name	Peffley
		Art Unit	3739
TOTAL AMOUNT OF PAYMENT (\$) \$0.00		Attorney Docket No.	HRT-64858

METHOD OF PAYMENT (check all that apply)

- ☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____
- ☐ Deposit
 Deposit Account Number: _____
 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17
 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra** **Fee (\$)** **Fee Paid (\$)**
 - 20 or HP = _____ x \$50.00 = \$0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra** **Fee (\$)** **Fee Paid (\$)**
 - 3 or HP = _____ x \$200.00 = \$0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 - 100 = _____ / 50 _____ (round up to a whole) x \$250.00 = \$0.00

4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)

Other (e.g. late filing surcharge): _____

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	53,458
Name (Print/Type)	Douglas R. Peterson	Telephone	310-824-5555
		Date	4/12/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.